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27162 7590 04/14/2005

CARELLA, BYRNE, BAIN, GILFILLAN, CECCHI
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Raymond J. Lillie
(Depositor's name)
Raymond J. Lillie
(Signature)
5/18/05
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
08/225,478	04/08/1994	DONALD B. KOHN		9305

TITLE OF INVENTION: GENE THERAPY BY ADMINISTRATION OF GENETICALLY ENGINEERED CD34+ CELLS OBTAINED FROM CORD BLOOD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	NO	\$1400	\$0	\$1400	07/14/2005
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EXAMINER	ART UNIT	CLASS-SUBCLASS
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WEHBE, ANNE MARIE SABRINA	1632	424-093210
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	<i>Elliot M. Olstein</i>
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	<i>Raymond J. Lillie</i>
	3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Children's Hospital of Los Angeles Los Angeles, CA
The Government of the USA as Represented Bethesda, MD
by the Secretary, Department of Health and Human Services

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small-entity discount permitted)
 Advance Order - # of Copies 12

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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 03-0678 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *Raymond J. Lillie*

Date 5/18/05

Typed or printed name *Raymond J. Lillie*

Registration No. 31,778

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